

17 10/11/00

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>01/28/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>59</i>	<i>82</i>
FORMALITY REVIEW	<i>AA</i>	<i>56 825</i>	<i>09/05/00</i>
RESPONSE FORMALITY REVIEW	<i>AF</i>	<i>829</i>	<i>12/19/00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral) ... Canceled A Appeal
+ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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35	✓	✓	
36	✓	✓	
37	✓	✓	
38	✓	✓	
39	✓	✓	
40	✓	✓	
41	N	N	
42	✓	✓	
43	✓	✓	
44	✓	✓	
45	✓	✓	
46	N	N	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
1	✓	✓	
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3	✓	✓	
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43	✓	✓	
44	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

Best Available Copy